

Applicant's Last Name

First Name

Middle Initial

Position Applied For

# City of Brooksville



## Employment Application

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## ***To All Applicants:***

The City of Brooksville has a commitment to provide the best service possible to our community. The selection of qualified employees is the first critical step in our commitment to quality. We need your cooperation by carefully completing this application which will assist us in making the best hiring selections.

If you have any questions regarding this application, require assistance, or desire information relating to this or other positions with the City, please contact the Human Resources staff at (352) 544-5400, and we will be happy to assist you.

## **IMPORTANT INSTRUCTIONS**

Our application form is designed to provide you with the opportunity to illustrate your qualifications. Please review the entire application form before you start. Following directions in completing this application form is part of the evaluation process. You may submit a resume and other supporting information along with your application, however, all sections of the application must be completed or it will not be considered. Information contained in your application will be verified.

*Please check areas in which you are competent:*

### **OFFICE SKILLS**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Calculator                            | <input type="checkbox"/> Filing                   | <input type="checkbox"/> Typing: _____ wpm              |
| <input type="checkbox"/> Switchboard                           | <input type="checkbox"/> Transcription of Minutes | <input type="checkbox"/> Office Equipment (fax, copier) |
| <input type="checkbox"/> Word Processing                       | <input type="checkbox"/> Spreadsheets/Database    |   |
| <input type="checkbox"/> Software/Computer Applications: _____ |   |   |

### **TRADE SKILLS**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Masonry                | <input type="checkbox"/> Automotive/Mechanical | <input type="checkbox"/> Map Preparation            |
| <input type="checkbox"/> Welding                | <input type="checkbox"/> Grounds Keeping       | <input type="checkbox"/> Rough Carpentry            |
| <input type="checkbox"/> Pipefitting            | <input type="checkbox"/> Photography           | <input type="checkbox"/> Finished Carpentry         |
| <input type="checkbox"/> Reading Blueprints     | <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Drafting/Graphics          |
| <input type="checkbox"/> Electrical Repair Work | <input type="checkbox"/> Refrigeration/Repair  | <input type="checkbox"/> Heavy Equipment/Mechanical |
| <input type="checkbox"/> Painting               | <input type="checkbox"/> Automotive/Bodywork   | <input type="checkbox"/> Roofing                    |
| <input type="checkbox"/> Asphalt Repair         | <input type="checkbox"/> Map Reading           |   |

### **EQUIPMENT SKILLS**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cranes                     | <input type="checkbox"/> Pay Loaders  | <input type="checkbox"/> Power Tools    |
| <input type="checkbox"/> Ditching Machines          | <input type="checkbox"/> Power Mowers | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Air Hammers                | <input type="checkbox"/> Tractors     | <input type="checkbox"/> Bulldozers     |
| <input type="checkbox"/> Other (please list): _____ |                                       |   |

## **PROCESSING OF APPLICATIONS**

Applicants may be conditionally hired based on their education, training and experience subject to successful completion of: 1) a health screening, including a drug/alcohol screen test; for police and CDL required positions only; 2) a personal background investigation; 3) a motor vehicle report (if driving is required for the position); and 4) when applicable, physical agility, polygraph for police only and /or voice stress test, and written examination.

All responses are to be hand-written (printed) not typed. Documentation substantiating military service will be required if "Veteran's Preference" is requested.

When hired, we require that each individual present the following items:

- Social Security Card/Verification of eligibility to work in the United States
- Verification of Date of Birth
- Proof of Education/Certificates/Licenses required for the position
- Valid Florida Driver's License (if required) for the position

*Thank you for applying to the City of Brooksville!*

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# CITY OF BROOKSVILLE

## *Unconditional Release of Background Information*

TO WHOM IT MAY CONCERN:

**RE: *Pre-employment Information***

The City of Brooksville needs to thoroughly investigate and evaluate my qualifications for employment, and I would appreciate your assistance and/or cooperation in providing background information. It is in the public's best interest that all relevant information concerning my background be disclosed on my personal and professional history. It may be necessary that the City discontinue processing my application if you decline to disclose the information requested.

I hereby authorize any representative of the City bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct that you disclose and release such information. The intent of this authorization is to give my consent for full and complete disclosure and full and free access to the background and history of my personal and professional life, however confidential it may appear to be, for the specific purpose of the City pursuing a background investigation to determine my suitability for employment.

Regardless of any agreement I may have made with you previously to the contrary, I consent to your release of any and all public and private information that you have concerning me, my work record, my background, my educational records, attendance records, discipline and when applicable for police officers, examinations (including polygraph, aptitude, skills, voice stress, and psychological/personality).

I, and on behalf of my heirs, family, and associates, hereby release you as the custodian of such records and/or information, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and/or release of information, or any attempt to comply with my request, including any liability or damage pursuant to any Federal or State Laws. A photocopy or faxed copy of this Release Form will be as valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

For and in consideration of the City's acceptance of my application for employment, I, and on behalf of my heirs, family, and associates, agree to hold the City, its agents and employees harmless for any and all claims of liability associated with my application for employment and the use or dissemination of any information obtained as a result of this release or otherwise obtained, and/or the decision whether or not to employ me. I understand that should information of a serious criminal nature become known as a result of this investigation, such information may be provided to the proper authorities.

This waiver is valid for a period of 90 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed below.

Applicant's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AFFIDAVIT**

State of Florida

County of Hernando

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the above person \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type, Or Stamp Commission

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**CITY OF BROOKSVILLE**  
Human Resources Division  
201 Howell Avenue  
Brooksville, Florida 34601-2041



**EMPLOYMENT APPLICATION**  
**(352) 544-5400**

**APPLICATION STATEMENT**

I understand that this application will be given every consideration but is not an offer or promise of employment.

I understand that if hired, my employment will be for no definite time period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment for any or no reason at any time with or without notice and the City has the same right. No one other than the City Manager has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the City reserves the right to require me to submit to a physical agility demonstration if required for my Classification and to drug/alcohol testing prior to employment and at any time during my employment to the extent required or permitted by law.

I understand that the City may investigate my driving record and my criminal record if any, and that a background investigation/(police only) may be prepared from information obtained through personal interviews with my neighbors, friends, others with whom I am acquainted, former employers and other sources. I specifically authorize current and past employers and educational institutions to disclose to the City all records pertinent to my employment with them. These inquiries may include information as to my character, general reputation, personal characteristics, job performance and mode of living. I understand that I have the right to make a written request within 10 days of this application to obtain additional information about the nature and scope of these investigations.

I understand that if I am employed, I will be on a probationary status for 6 months or such longer period as may be required for my Classification.

I certify that all statements made by me on this application are true and complete. I understand that should I be employed, any omitted, false, misleading, incorrect, or incomplete oral or written statements made in connection with my application may result in my dismissal.

***DO NOT SIGN UNTIL YOU READ AND AGREE TO THE ABOVE STATEMENTS***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF BROOKSVILLE**  
Human Resources Division  
201 Howell Avenue  
Brooksville, Florida 34601-2041

**EMPLOYMENT APPLICATION**  
**(352) 544-5400**  
*(Please Print — Do Not Type)*

**WE ARE AN EQUAL OPPORTUNITY, DRUG AND ALCOHOL FREE WORKPLACE EMPLOYER**

Employment applications are active for a minimum of three months. Once an application has been submitted to Human Resources, it is a public record. It is the applicant's responsibility to notify the City of any changes.

**GENERAL INFORMATION**

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please review the job description and requirements for the position you are applying for; if you do not meet the minimum qualifications your application will not be processed.*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Citizen of the United State? \_\_\_\_\_ YES \_\_\_\_\_ NO (Attach authorization to work in the United States)

Are you under 18 years old? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date available to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Available Weekends \_\_\_\_\_ Nights \_\_\_\_\_ Holidays \_\_\_\_\_ Minimum Weekly Starting Pay: \$ \_\_\_\_\_

Have you ever been employed by the City: \_\_\_\_\_ NO \_\_\_\_\_ YES; When? \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

Do you have any relatives who are employees of the City? \_\_\_\_\_ NO \_\_\_\_\_ YES – List name and relationship: \_\_\_\_\_

Have you ever stolen from your current or a past employer? \_\_\_\_\_ NO \_\_\_\_\_ YES (Attach explanation)

Have you ever been terminated or asked to resign from any job? \_\_\_\_\_ NO \_\_\_\_\_ YES – Explain the circumstances: \_\_\_\_\_

Are you on layoff and/or subject to recall? \_\_\_\_\_ NO \_\_\_\_\_ YES (Explain) \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Circle Highest Grade Completed:

Grammar High College Graduate  
1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 1 2 3 4

Name/Address of School	Major/Minor	Degree Type	GPA	Degree?	
				Yes	No

Attach additional sheet if required.

**DRIVERS LICENSE**

Issuing State: \_\_\_\_\_

Type of License: \_\_\_\_\_ Operator \_\_\_\_\_ Commercial \_\_\_\_\_ Restricted Exp. Date: \_\_\_\_\_

If Commercial, include classification: \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D

Is your license currently suspended or revoked? \_\_\_\_\_ NO \_\_\_\_\_ YES; Explain: \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_ NO \_\_\_\_\_ YES; Explain (include dates): \_\_\_\_\_

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## EXPERIENCE

THIS SECTION MUST BE COMPLETED FULLY

1. Follow all instructions on page 5.
2. **Complete all information requested, even if duplicated in resumé or other optional attachment.** Begin with your most recent job. Separately list each job, and any period of unemployment. **Do not leave gaps in employment history.**
3. List names of all employers within the past 10 years (use additional sheet if necessary).
4. If your immediate supervisor is no longer with the employer, include the name of someone who knew your work.
5. If you have been employed under any other name(s), list name(s) by each employer as applicable.

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Specific Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Employer: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Pay: \$ \_\_\_\_\_ Ending Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_

Name of Supervisor/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If currently employed, may we contact your employer regarding your employment record? \_\_\_\_\_ YES \_\_\_\_\_ NO

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## VETERAN'S PREFERENCE REQUEST

Veterans and certain Veteran spouses / widows / widowers

**ALL APPLICANTS MUST ANSWER "YES" OR "NO" TO QUESTION NUMBER 1,  
SIGN AND DATE LINE 4 AT THE BOTTOM OF PAGE**

1. Are you claiming Veteran's Preference: \_\_\_\_\_ YES \_\_\_\_\_ NO (skip to number 4 below)  
(If yes, a copy of your DD214 must be attached with this application.)
2. Check the appropriate line if you are claiming Veteran's Preference (Effective April 8, 1992, Chapter 92-80, Laws of Florida amended the definition of wartime service to include the Persian Gulf War):
- \_\_\_\_\_ a) A Veteran with a service-connected disability which is compensated under public laws; or a Veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws, where "public laws" are those administered by the U.S. Department of Veteran Affairs; or
- \_\_\_\_\_ b) The spouse of a Veteran who cannot qualify for employment due to a total and permanent disability, or spouse of a Veteran missing in action, captured or forcibly detained by a foreign power; or
- \_\_\_\_\_ c) A Veteran who has served on active duty for at least one day, and who was separated with an honorable discharge from the Armed Forces of the United States if any part of such active duty was performed during a wartime era. Active duty for which training is now allowable; or
- \_\_\_\_\_ d) The non-remarried widow or widower of a Veteran who died of a service-connected disability.
3. Have you ever claimed and been employed through Veteran's Preference? \_\_\_\_\_ NO \_\_\_\_\_ YES;

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

**NOTE:** Under the Florida law preference, an appointment and employment shall be given first to those persons included in category "a" and "b" above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veteran's Affairs. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of hiring decision is not given, a complaint may be filed at any time. Contact Human Resources if assistance is needed.

4. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print — Do Not Type)

[illegible]

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

## Job Offered \_\_\_\_\_

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## REFERENCES

### PERSONAL

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

### PROFESSIONAL

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (day): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Years Known: \_\_\_\_\_ Related: \_\_\_\_\_ YES \_\_\_\_\_ NO; How Known?: \_\_\_\_\_

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## CRIMINAL RECORD INFORMATION

*Information concerning convictions will not necessarily disqualify an applicant.*

Have you ever been convicted, entered a plea of no contest, fined, had prosecution deferred or adjudication withheld for any crime (except minor traffic violations), or is there a criminal charge pending against you? \_\_\_\_\_ NO \_\_\_\_\_ YES; give details (nature of the offenses, date, location, disposition, including fines, prison, and suspended sentences, probation served, and also convictions during military service). Records will be checked as applicable. Attach additional sheets if required.

\_\_\_\_\_  
\_\_\_\_\_